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FAX FILING IN U.S. PATENT & TRADEMARK OFFICE

DATE: August 1, 2006

TIME: _____

TO:	Commissioner For Patents	FAX NO.:	571-273-8300
FROM:	Christopher A. Rothe	ADMIN. ASST.:	Kathleen Spina
APPLN. NO.:	10/645,913	ATTY. DOCKET NO.:	RCHP-106US1
TITLE OF APPLN.: COMPOSITION AND METHODS FOR TREATMENT OF ASTHMA			
FILING DATE:	August 21, 2003	ART UNIT:	1644
FIRST INVENTOR:	Michael M. Grunstein	CONF. NO.:	9590
TITLE OF DOCUMENT (and List of Attachments): Power of Attorney and Correspondence Address Indication Form			
Transmittal Sheet, Executed POA and Address Indication Form with an Executed Statement Under 37 CFR 1.73(b)			

Total Number of Pages: 4 (including this form)

COMMENTS

PLEASE NOTE OUR NEW ATTORNEY DOCKET NUMBER-RCHP-106US1

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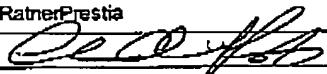
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/645,913	RECEIVED
		Filing Date	August 21, 2003	CENTRAL FAX CENTER
		First Named Inventor	Michael M. Grunstein	AUG 01 2006
		Art Unit	1644	
		Examiner Name	SZPERKA, MICHAEL, EDWARD	
Total Number of Pages in This Submission 4		Attorney Docket No.	RCHP-106US1	

ENCLOSURES (Check all that apply)

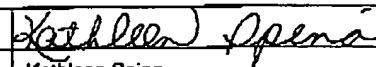
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-FAX COVER SHEET; EXECUTED POA AND CORRESPONDENCE ADDRESS INDICATION FORM AND STATEMENT UNDER 37 CFR 3.73(b).
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Remarks:**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm Name	RatnerPrestia		
Signature			
Printed Name	Christopher A. Rothe		
Date	August 1, 2006	Registration No.	54,650

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to 571-273-8300 the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or Printed Name	Kathleen Spina	Date	August 1, 2006

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PTO/SB/81 (04-05)

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INDICATION FORM

Application Number	10/645,913
Filing Date	August 21, 2003
First Named Inventor	Michael M. Grunstein
Title	COMPOSITION AND METHODS FOR TREATMENT OF ASTHMA
Art Unit	1644
Examiner Name	SZPERKA, MICHAEL, EDWARD
Attorney Docket Number	RCHP-106US1

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I hereby revoke all previous powers of attorney given in the above-identified application.

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Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

7/20/06

Name

Joseph J. DiDonald

Telephone

215-590-4650

Title and Company **JD**, Director - The Children's Hospital of Philadelphia

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: The Children's Hospital of PhiladelphiaRECEIVED
CENTRAL FAX CENTERApplication No./Patent No.: 10/645,913 Filed/Issue Date: August 21, 2003

AUG 01 2008

Entitled: COMPOSITION AND METHODS FOR TREATMENT OF ASTHMAThe Children's Hospital of Philadelphia, a Not-for-Profit Corporation

(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; OR
2. an assignee of less than the entire right, title and interest.

The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the parent patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 00961, Frame 0415, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
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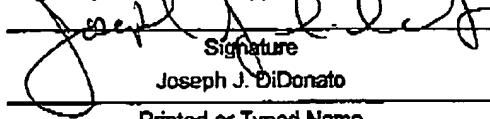
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 36 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


Signature

7/20/06
Date

Joseph J. DiDonato

Printed or Typed Name

Telephone Number

JD, Director

215-590-4660

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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